



Massachusetts Region 2 Public Health Emergency Preparedness Coalition

25 Meade Street, Room 206
Worcester, Massachusetts 01610-2715
Telephone: (508) 799-8482 • Fax: (508) 799-8489
www.publichealth-massregion2.org

- Who will receive H1N1 vaccine?

Refer to the attached Department of Public Health and Human Services correspondence dated July 29, 2009. (attached)

- Swine Flu Fact Sheet. (attached)
- Some proactive suggestions you might want to adopt for your community.

Student Population:

Total number of Sites. (Schools)
Breakdown by grade.
Total Student population for each school.
Pre School and after school programs.
Child Care facilities in your town.

Faculty / Staff:

Total number for each site.

Number of Nurses available to administer vaccine:

Trained in vaccination program.
Level of comfort / willingness to administer vaccines.

- Preventive Care:

Things you might want to communicate.

Wash Hands frequently.

Cough and Sneeze into your elbow.

If you have symptoms of the flu stay home.

Important Web Sites that will keep you informed about the H1N1 virus.

- MDPH at.....<http://www.mass.gov/dph/swineflu>
- CDC at.....<http://www.cdc.gov/h1n1flu/>
- WHO at.....<http://www.who.int/csr/disease/swineflu/en/index.html>



The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

Memorandum

On July 29, 2009, the Advisory Committee on Immunization Practices (ACIP) voted on the following four recommendations for the use of novel H1N1 influenza vaccine this fall. The CDC and the U.S. Department of Health and Human Services usually adopt the recommendations of the ACIP. A more detailed report of the ACIP recommendations will be provided later, but the following is a summary of the recommendations:

- Initial efforts should focus on novel H1N1 influenza vaccination of as many people as possible in initial target groups
 - Pregnant women
 - Household and caregiver contacts of children younger than 6 months of age
 - Health care and emergency medical services personnel
 - Children from 6 months through 18 years
 - Persons aged 19-24 (this extended age group was recommended because of the high number of cases in this group, not because of severity of disease or complications)
 - Persons aged 25 through 64 years who have medical conditions associated with higher risk conditions
- If novel H1N1 vaccine demand exceeds availability initially, subgroups within target groups that should be prioritized until vaccine supply increases are:
 - Pregnant women
 - Household and caregiver contacts of children younger than 6 months of age
 - Health care and emergency medical services personnel with direct medical contact with patients or infectious materials

- Children 6 months through 4 years old
 - Children with chronic medical conditions under 19 years of age
- When vaccine availability is sufficient at the local level to routinely vaccinate initial target populations, in consultation with state and local health departments, vaccination against novel influenza AH1N1 is recommended for healthy adults age 25 through 64 years old.
- Vaccination should be offered to persons aged 65 or older once vaccination programs are capable of meeting demand for vaccination from younger age groups.
- The recommendation to offer vaccine to persons aged 65 or older might need to be reassessed as new epidemiologic, immunologic or clinical trials data warrants and in the context of global need for novel H1N1 vaccines.
- Vaccination with seasonal vaccine should begin as soon as seasonal vaccine is available for persons aged 65 and older
 - In addition, seasonal influenza vaccination should begin as soon as it is available for all groups currently recommended for seasonal vaccine. Seasonal and pandemic vaccines may be administered on the same visit.
 - Note: Organizers of large public clinics that rely on state-supplied seasonal flu vaccine should plan to hold those clinics in early October. Last flu season, MDPH had received 70% of our flu vaccine orders by September 30, and 93% by October 10.
- H1N1 vaccine supply and availability is projected to increase quickly over time, and vaccine should not be kept in reserve for later administration of the second dose.
- Please note: Although teachers and child care providers (unless they care for infants younger than 6 months of age) were included in provisional target groups earlier, they are not included in the final recommendations.

PUBLIC HEALTH FACT SHEET

Swine Flu

Massachusetts Department of Public Health, 250 Washington Street, Boston, MA 02108

What is swine influenza?

Swine influenza (swine flu) is a respiratory disease of pigs caused by a type of influenza virus. Outbreaks of swine flu happen regularly in pigs. People do not normally get swine flu, but human infections can and do happen. Most commonly, human cases of swine flu happen in people who are around pigs but it's possible for swine flu viruses to spread from one person to another. In the United States there were 12 cases of swine flu in people from 2006 through 2008. In March and April 2009 there have been many more cases of swine flu than usual in both Mexico and the U.S. and the infections have spread from one person to another.

What are the symptoms of swine flu in people?

Swine flu causes symptoms very similar to seasonal (or human) flu. The most common symptoms of swine flu, like seasonal flu, are fever, cough, and sore throat and can include body aches, headache, chills and fatigue. Some people also have diarrhea and vomiting. There have been some people with swine flu who have been sicker and have even died.

Is swine flu treatable in people?

People sick with any type of flu should make sure to drink enough fluids, get plenty of rest, eat healthy foods, wash hands frequently and stay home to avoid spreading the flu to other people. The kinds of drugs used to treat seasonal flu, called antivirals, can also be used to treat swine flu. There have been a few influenza viruses, including the most recent swine flu, that are resistant to some, but not all, of these drugs. Healthcare providers may recommend that people who are sick or appear to be sick with swine flu receive an antiviral medication.

How would I know if I have swine flu?

If you have symptoms of influenza as described above, and especially if you have recently traveled to an area where there have been human cases of swine flu, contact your healthcare provider who will decide what type of testing and treatment is right for you. To diagnose any kind of flu virus, a swab of the inside of your nose needs to be collected by a doctor. Identification of a swine flu virus requires special laboratory testing.

If you think you might have swine flu and you need to see your health care provider, you should call ahead and let them know you might have the flu. That way, precautions can be taken to avoid the spread of flu to others.

What if I recently traveled to a region where swine flu in humans has been found?

If you have recently traveled to an area affected by swine flu, be watchful for any flu-like symptoms. If you are experiencing any of these symptoms, stay home to avoid exposing others and contact your healthcare provider; your healthcare provider will decide what type of testing and treatment is right for you. To diagnose any kind of flu virus, a swab of the inside of your nose needs to be collected by a doctor. Identification of a swine flu virus requires special laboratory testing.

How can I protect myself and others from swine flu?

You can protect yourself and others from swine flu the same way that you can protect yourself from seasonal flu. Avoid holding, hugging, kissing, or shaking hands with anyone who has a cold or the flu. Wash your hands often with soap and warm water, or use an alcohol-based hand sanitizer. Avoid touching your nose, mouth or eyes. Clean things that are touched often like door handles, telephones, etc. If you get sick with a flu-like illness stay home from work and school and avoid contact with others so the virus does not spread.

All people with swine flu who are not hospitalized, and their household and other close contacts, will need to stay at home to prevent spread of illness to other people.

If I have swine flu, can I stay at home?

People with mild or moderate illness can and should be cared for at home to prevent spread. Things people who have swine flu who are cared for at home should do include:

- check with their health care provider about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or emphysema
- check with their health care provider about whether they should take antiviral medications
- stay home for at least 7 days after onset of illness; or until free of symptoms (including fever) for 24 hours, which ever is longer
- get plenty of rest
- drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated
- cover coughs and sneezes. Clean hands with soap and water or an alcohol-based hand rub often and especially after using tissues and after coughing or sneezing into hands.
- Never cough in the direction of someone else.
- avoid close contact with others – do not go to work or school while ill
- be watchful for emergency warning signs (see below) that might indicate you need to seek medical attention

Get medical care right away if the sick person at home:

- has difficulty breathing or chest pain
- has purple or blue discoloration of the lips
- is vomiting and unable to keep liquids down
- has signs of dehydration such as dizziness when standing, absence of urination, or in infants, a lack of tears when they cry
- has seizures (for example, uncontrolled convulsions) is less responsive than normal or becomes confused

Is there a vaccine for swine flu?

No. Right now there is no vaccine for swine flu. According to CDC, it is unlikely that the vaccine for seasonal flu will prevent swine flu.

Is it safe to cook and eat pork and pork products?

Yes. It is safe to eat properly handled and cooked pork and pork products. Swine flu viruses are not spread by food. You cannot get swine flu from eating pork or pork products.

Why is swine flu important?

Approximately every 20-40 years, a new strain of the flu virus appears which is very different from the ordinary seasonal flu virus. When this happens most people do not have immunity to this new strain of flu virus and it can spread to many people, across the world, over a short period of time. This is called an influenza pandemic. Some people think that swine flu viruses might play a role in the start of the next pandemic.

For more information about seasonal flu, pandemic flu, avian-flu and swine flu, please visit the websites listed below or contact the Massachusetts Department of Public Health, Division of Epidemiology and Immunization at 617-983-6800.

1. WHAT IS THE FLU?

SEASONAL FLU IS CAUSED BY INFLUENZA VIRUSES THAT INFECT PEOPLE EVERY YEAR. IN NEW ENGLAND, FLU SEASON USUALLY BEGINS IN DECEMBER AND LAST UNTIL APRIL.

SUDDEN ONSET OF FEVER

TIREDNESS OR WEAKNESS

BODY ACHES

DRY COUGH

2. WHAT IS PANDEMIC FLU?

CAN OCCUR WHEN A NEW INFLUENZA VIRUS DEVELOPS. MOST PEOPLE WILL NOT HAVE ANY IMMUNITY, WHICH MEANS THEY WILL NOT BE ABLE TO FIGHT OFF THIS NEW VIRUS. THIS MAY ALLOW THE VIRUS TO SPREAD EASILY FROM PERSON TO PERSON, AND CAUSE MANY PEOPLE AROUND THE WORLD TO GET THE FLU.

3. WHAT IS THE COMMON COLD?

THE MOST COMMON SYMPTOMS OF A COLD ARE STUFFY NOSE, SNEEZING, COUGH AND SORE THROAT. COLDS ARE USUALLY Milder THAN THE FLU AND DO NOT COME ON AS SUDDENLY.

4. HOW IS THE FLU SPREAD?

THE FLU SPREADS MOSTLY THROUGH DROPLETS (LIKE SPIT AN MUCUS) FROM THE MOUTH, NOSE, AND THROAT. THIS HAPPENS WHEN A PERSON WITH THE FLU COUGHS OR SNEEZES NEAR ANOTHER PERSON (3-6 FEET). SOMETIMES PEOPLE CAN BECOME INFECTED BY TOUCHING SOMETHING THAT A PERSON WITH THE FLU HAS TOUCHED.

5. HOW CAN I PREVENT GETTING THE FLU?

1. GET THE FLU VACCINE.
2. COVER YOUR MOUTH WHEN YOU COUGH OR SNEEZE.
3. WASH YOUR HANDS
4. LIMIT CONTACT WITH OTHER
5. CLEAN YOUR HOME.

6. SHOULD I WEAR GLOVES WHEN CARING FOR SOMEONE WITH THE FLU?

YOU CAN USE DISPOSABLE GLOVES, IF AVAILABLE. IF YOU USE GLOVES YOU SHOULD STILL WASH YOUR HANDS.

7. WHAT ABOUT WEARING A FACE MASK?

DURING THE ANNUAL FLU SEASON MOST HEALTHY PEOPLE DO NOT NEED FACEMASKS.

DURING THE ANNUAL FLU SEASON OR PANDEMIC PEOPLE WITH FLU-LIKE SYMPTOMS SHOULD WEAR A MASK AND WASH THEIR HANDS.

8. WHAT HAPPENS IF I FEEL SICK, WHAT SHOULD I DO?

STAY HOME FROM WORK OR SCHOOL. MONITOR YOUR SYMPTOMS AND TEMPERATURE. DRINK PLENTY OF FLUIDS AND REST. GET EMERGENCY MEDICAL CARE IF YOU ARE HAVING DIFFICULTY BREATHING, CHEST PAIN OR SPUTUM DISCOLORATION.

9. WHAT SUPPLIES SHOULD I KEEP AT HOME?

1. SOAP FOR WASHING HANDS.
2. ALCOHOL BASED HAND-SANITIZER.
3. MEDICINES. TYLENOL, ADVIL, MORTIN
4. ASPIRIN.
5. COUGH AND COLD MEDICINE.
6. THROAT LOZENGES.
7. MEDICINE MEASURING SPOON OR DROPPER.
8. THERMOMETER.
9. FLUIDS, WATER, JUICE.
10. FOODS THAT ARE EASY TO PREPARE.
11. DISINFECTANT, PAPER TOWELS, TRASH BAGS, NOTE PADS, PENS.
12. EXTRA FOODS AND MEDICINES.

10. WHAT IS THE 211 SYSTEM?

THE 211 TELEPHONE SYSTEMS IS FOR THE FLU ASSISTANCE.



of ANY flu!

1. **WASH YOUR HANDS:** Soap and water for 20 seconds (2 rounds of happy birthday) on all surfaces of your hands or use hand sanitizer with an alcohol content greater than 60%, rubbing vigorously on all surfaces of your hands until dry.
2. **COVER YOUR COUGH OR SNEEZE:** With your elbow, clothes or a tissue that you dispose of right away and immediately wash your hands.
3. **STAY HOME IF YOU ARE SICK:** Until 24 hours after the fever returns to normal *without* fever reducing medications (so please, don't take Tylenol then go to school or work – **YOU ARE STILL INFECTIOUS**). For children with the flu, have a plan all ready to go for who will care for the child at home. We think most people will be able to return to work or school in 3 – 5 days after H1N1.
4. **CLEAN** hard surfaces frequently that you use the most (ex. doorknobs, phones, TV remote, computer keyboard). No special cleaner needed. Good news; Influenza viruses live only 2 – 8 hours on surfaces. Keep your hands away from your nose and mouth until you have washed your hands after touching these items.
5. **GET VACCINATED** whenever the vaccine becomes available to you.

MORE IMPORTANT: DO NOT PANIC

The centers for Disease Control (CDC) and the Massachusetts Department of Public Health (MDPH) bring the latest and most accurate information to the local health department on a regular basis. The experiences in the spring with H1N1 have given all of us some practice on how we need to approach the developing situation. There are new things being learned all the time and it will require all our patience as it changes.

For more information and questions:

Contact the Hopedale Board of Health – Leonard A. Izzo Health Agent 508-634-2203 x 222
Email: hopeboh@comcast.net

You may also call the Massachusetts Information Line "211" 24 hrs/day 7 days/week.
Websites: <http://www.mass.gov/dph/swineflu>
<http://www.mass.gov/dph/schoolhealth>
<http://www.cdc.gov/h1n1flu>

Remember, if we work together everyone can stay healthy because - Public Health is YOUR Health!



FLU FACTS



The Hopedale Board of Health wishes to offer the information below regarding seasonal and H1N1 influenza. We understand there is a lot of information being circulated by several sources and can be very confusing. Hopefully this information will help to better prepare you to fight the flu.

Seasonal Influenza

- Is a respiratory virus spread through droplets. Several strains seen every year. Usually occurs December – May, peaking in late January–March.
- 5 – 20% of US population get sick every year from seasonal flu. Over 200,000 are hospitalized. Approx. 36,000 deaths occur, usually from complications such as pneumococcal disease.
- Symptoms: often severe, very sudden onset. Fever usually greater than 101 F. Cough, sore throat, severe body aches, headache.
- Treatment: Rest, fluids, fever reducing medications¹ such as Acetaminophen (Tylenol), and Ibuprofen (Advil, Motrin). For some, antiviral medications within the first 2 days of symptoms.²
- Vaccine available now. One shot unless under 9 years of age and receiving it for the first time, then two shots will be required 28 days apart. Takes approximately two weeks to build immunity. Target groups for vaccine:⁴ Seniors 65 years and over. Recommended for 50 years and over, children 6 months to 4 years (now recommended for all children) and anyone with an underlying condition⁵ including respiratory conditions (asthma), cardiac disease, pregnancy, and diabetes.

Pandemic H1N1 Influenza

- Respiratory virus that is new to all in 2009. Spread through droplets. Occurs anytime, especially when people are in close quarters.
- Predictions that 20–40% of the US Population will get sick from H1N1 with over 350,000 hospitalized and an estimated 30,000–90,000 deaths may occur.
- Symptoms: usually mild, somewhat sudden onset. Fever 100.4 F/38 C or higher, cough, sore throat, possibly with headache and body aches. Sometimes runny nose, diarrhea or vomiting.
- Treatment: rest, fluids, fever reducing medications.¹ For some, antiviral medicines Tamiflu or Relenza in the first 2 days of symptoms.
- Vaccine in clinical trials should be arriving early to mid October.³ Two shots for all, 21 – 28 days apart. Second shot will build immunity after two weeks. Target groups for vaccines:⁴ pregnant women, children 6 months to 24 years, household contacts or caregivers of children under 6 months, 25 – 64 year olds with underlying conditions⁵, healthcare workers with direct patient contact including certified EMT's.

1 - No aspirin products should be given to children less than 18 years of age because of the risk of **Reyes Syndrome**.

2 - Seasonal flu has shown some resistance to **Tamiflu and Relenza**. Two other antiviral medications can be used. **H1N1** is still sensitive to **Tamiflu and Relenza**.

3 - Some information may change as trials conclude.

4 - All residents should get a seasonal and **H1N1** vaccine when it becomes available to their age group if they wish to help protect

At Hopedale, we are committed to the health of our community.



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

**ORDER REGARDING EXCLUSION REQUIREMENTS FOR
PANDEMIC INFLUENZA H1N1 INFECTION**

In accordance with 105 CMR 300.150¹ and under the authority of Massachusetts General Laws, Chapter 111, section 6², swine origin Influenza A H1N1 is a recently identified disease that is a public health concern. This Order establishes exclusion requirements for individuals who are suspected to have, probably have, or have been confirmed to have this disease ("suspect, probable, or confirmed cases"), for 12 months from this day.

Any individual who is a suspect, probable or confirmed case of Influenza A H1N1, shall be excluded from school or work for at least 24 hours after he or she is free of fever (100.4 degrees F.) without the use of fever-reducing medications (such as ibuprofen or acetaminophen), or for any other length of time deemed necessary pursuant to guidelines of the Department of Public Health on the basis of medical information on transmission of the virus. For the purpose of this order, "school" shall mean public, private, and parochial schools with grades K-12, preschools, group child care settings, and classes in colleges and universities.

Such individuals should remain at home and follow the Home Isolation Instructions for Patients with Suspect, Probable, and Confirmed Influenza issued by the Massachusetts Department of Public Health as now or hereafter amended, available at www.mass.gov/flu.

This Order shall take effect immediately and shall expire when rescinded, but no later than 12 months after the date of signature.

IT IS SO ORDERED.

John Auerbach
Commissioner
Massachusetts Department of Public Health

8/27/09

Date

¹ 105 CMR 300.150: Declaring a Disease or Condition Immediately Reportable, Under Surveillance and/or Subject to Isolation and Quarantine: Temporary Reporting, Surveillance and/or Isolation and Quarantine: In addition to the diseases and conditions listed in 105 CMR 300.000 *et seq.*, the Commissioner, as necessary to reduce morbidity and mortality in the Commonwealth, shall require the reporting, authorize the surveillance and/or establish isolation and quarantine requirements, on a time-limited basis, of confirmed and suspect cases of diseases or conditions which are newly recognized or recently identified or suspected as a public health concern. Such declarations shall be authorized for a period of time not to exceed 12 months. Such requirements for a particular disease or condition beyond this time period shall be continued pursuant to revised regulation under 105 CMR 300.000 *et seq.* [emphasis added]

² M.G.L., Ch. 111, s. 6: The department shall have the power to define, and shall from time to time define, what diseases shall be deemed to be dangerous to the public health, and shall make such rules and regulations consistent with law for the control and prevention of such diseases as it deems advisable for the protection of the public health. The department shall also have the power to define, and shall from time to time so define, what diseases shall be included within the term venereal diseases in the provisions of the laws relative to public health.